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Country note**

Georgia

Summary

The Executive Director presents the country note for Georgia for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. The children and women of Georgia continue to experience the negative social consequences of transition to a market economy. An estimated 50 per cent of the population live in poverty, unemployment is over 12 per cent and the average monthly salary is equivalent to $28. Gross national product (GNP) is growing, but is only around one third of what it was in 1989. In 1997, per capita GNP was reported to be $860. Although the authorities are committed to pursuing the reforms, the shortfall of revenues has resulted in a level of available funding for health care of $7 per capita and for education of $13 per capita in 1998. The situation is exacerbated by conflicts in Abkhazia and South Ossetia, which resulted in the internal displacement of 300,000 people.

2. In 1994, Georgia ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The legislative framework for the implementation of both Conventions is largely in place, with recently adopted specific laws and implementation mechanisms on foster care, the marketing of breastmilk substitutes and the universal iodization of salt. However, integrated information and monitoring systems for social planning and policy development have yet to be developed.

3. Due to transitional impediments, major health indicators have deteriorated. Since 1995, the infant mortality rate has increased from 22 to 23 per 1,000 live births and the under-five mortality rate from 26 to 29 per 1,000 live births. The leading causes of death are conditions originating in the perinatal period (43 per cent), respiratory diseases (15 per

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

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cent) and intestinal infections (7 per cent). The 1999 multiple indicators cluster survey found that expanded programme on immunization (EPI) coverage was 75 per cent.

4. Child nutrition remains problematic, with acute and chronic malnutrition at 3 and 15 per cent, respectively. The prevalence of iodine deficiency disorders among children is 47 per cent, and only 9 per cent of babies are breastfed exclusively four months after birth.

5. The maternal mortality rate has almost doubled since 1991 to 70 deaths per 100,000 live births (1997). An analysis of maternal deaths indicated that almost 23 per cent were related to abortions, which remain the major method of contraception. The percentage of unattended home deliveries is increasing, due mainly to the inherent cost. Anaemia affects the majority of pregnant women.

6. The problems of youth are of increasing concern and include drug abuse, juvenile delinquency, adolescent pregnancy and sexually transmitted diseases. In Georgia, 84 per cent of boys and 78 per cent of girls in the 14- to 16-year-old age group smoke. About 6 per cent of schoolchildren use drugs, and 68 per cent of HIV-infected people are intravenous drug users.

7. In 1998, the primary school enrolment rate was estimated at 83 per cent, with regular attendance through grades eight and nine at 43 per cent. Pre-school education is reaching 19 per cent of the relevant age group, with a sharp decline in rural areas. The system continues to suffer from a lack of supplies, outdated curricula of little relevance to the challenges of the transition and didactic teaching methodology. School facilities are deteriorating. Chronic under-funding, low teachers' salaries and inadequate training have severely affected staff motivation.

8. The disadvantaged children include 100,000 internally displaced. There are 6,000 children in public care who are often vulnerable to inferior education and inadequate care. Some 8,000 children with disabilities reside at home. An estimated 2,500 children are working in the streets, and many children are frequently absent from schools to help earn money for their families. Parents lack the confidence in their abilities to raise children, and continuous impoverishment contributes to the admission of their children to institutions -- a "social net".

Lessons learned from past cooperation

9. In line with social reforms, UNICEF cooperation continues to balance support to service delivery with strategies to enhance the capacities of governmental institutions, communities and families to ensure quality care and sustainability of services. UNICEF support to the development of civil society has been valued and will continue. Increased efforts have to be made to establish coordination and networking mechanisms between international agencies and national civil society institutions.

10. With ever-decreasing responsibilities earlier assumed by the State, there is a need to empower parents, families and communities to assume greater responsibility for children's health and development. Social mobilization strategies should increase public awareness of priority social development problems and emerging challenges such as HIV/AIDS.

11. In the current context of social reforms and policy development, it is of special importance to strengthen integrated management information systems as an important element in the quantitative and qualitative evaluation of adequacy and sustainability of the new approaches to social development and the protection of children and women.

Proposed country programme strategy

12. The strategy for the 2001-2005 country programme is based on technical assessments, reviews and meetings with the Government and other partners. The strategy meeting, chaired by the Deputy State Minister, with the active participation of United Nations agencies, the World Bank, international and national non-governmental organizations (NGOs), and representatives from donor countries, confirmed the strategies proposed for new country programme.

13. The overall goal of the country programme will be to strengthen social delivery systems, and to support national and local authorities, communities and families in fulfilling their responsibilities to children and women as defined by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Particular attention will be given to programming from the life cycle perspective. Programme design and management will be directed towards ensuring that the rights of children during each of the three major stages of childhood — infancy and early childhood (from conception to five years old), pre-adolescence (6-12 years old) and youth (13-18 years old) — will be addressed in a holistic and integrated manner.

14. The proposed strategies will focus on cross-cutting issues that span the stages of the life cycle and reflect the

social priorities and consequences of transition: (a) strengthening governmental capacities (at both central and local levels) to develop and implement social policies to ensure that the rights of children and women are safeguarded; (b) supporting accessible and efficient basic social services through the introduction of innovative and cost-effective approaches; (c) empowering parents, families and communities to ensure that the best possible environment is guaranteed for the healthy growth and development of children; (d) providing information and knowledge to youth to encourage their participation in the decisions that affect their lives; and (e) strengthening partnerships among the Government, NGOs and other institutions to maximize collaborative efforts for children and women.

15. To achieve the overall goal of the country programme, five closely interrelated programmes are proposed: social policy development; maternal and child well-being; child development; young people's health and development, and children in need of special protection.

16. The *social policy development* programme will support the revision of laws to comply with the provisions of the Convention on the Rights of the Child, as well as the development of new regulations and national legislation for children enforcement. The programme will support the development of national plans for children and the introduction of cost-effective social policies. In order to create appropriate mechanisms for the delivery and coordination of basic social services, special attention will be given to capacity-building of local governmental institutions and NGOs. The Government will receive support for advocacy, social mobilization and awareness-raising for the Convention on the Rights of the Child.

17. The *maternal and child well-being* programme will contribute to the reduction of maternal, infant and under-five mortality. It will aim at improving access to and the quality of obstetric and newborn care, and developing sustainable immunization services. The management of childhood illnesses and community health education will also be targeted. In collaboration with the World Health Organization (WHO), UNICEF will assist the Government to implement the Integrated Management of Childhood Illnesses strategy. Breastfeeding practices and the Baby-Friendly Hospital Initiative will continue to be promoted. The universal use of iodized salt and the prevention of anaemia will be addressed through salt iodization and food fortification with iron, and public awareness-raising.

18. The *child development* programme will aim at promoting the cognitive development of children during all stages of childhood. For early childhood, the focus will be on informal pre-school education, with the involvement of communities and home care practices through the Better Parenting Initiative. The development of information and education packages for parents and networking will be supported. Close cooperation will be forged with the media, and especially with television, which reaches 95 per cent of the population. Assistance to primary education will focus on improving the quality of services, introducing new teaching methodologies and learning life skills.

19. The *young people's health and development* programme will promote health education through curricular and extra-curricular activities to foster personal responsibility for young people's health. Special attention will be given to HIV/AIDS control and the prevention of drug abuse. The Government will be supported to increase young people's access to health services by providing user-friendly health facilities for the most common diseases. Information, education and communication packages will be developed. Cooperation will be established with youth NGOs to develop peer education, and collaborative projects will bring adults and adolescents together to work on problems related to young people's health and development. A system to monitor young people's problems will be established to stimulate dialogue in society about hazardous behaviour that undermines young people's health and development.

20. The *children in need of special protection* programme will support the most vulnerable children. Strategies for children in institutions will consist of developing realistic and viable alternatives to institutionalization, including adoption and fostering. With regard to street children, working children, children with disabilities, internally displaced children, and abused and neglected children, professionals will be trained to enable them to involve communities and address the needs of children. National capacities will be developed to provide psycho-social assistance to children in crisis and with psychological trauma.

21. UNICEF will continue to cooperate closely with other United Nations agencies, international and local NGOs, and donor organizations. This cooperation will include common activities with WHO in maternal and child health and young people's health; with the United Nations Population Fund in reproductive health; with the Joint and Co-sponsored United Nations Programme on HIV/AIDS in the prevention of HIV/AIDS; with the United Nations Educational, Scientific and Cultural Organization in quality education; with the United States Agency for International Development in EPI; with Save the Children in NGO

participation in the implementation of the Convention on the Rights of the Child; and with the United Nations Development Programme and the World Bank in the development of reform approaches in the social sector.

22. To sustain cost-efficiency in its operations, the UNICEF Caucasus area office will continue to share common premises and services with the UNICEF Georgia country office. Responsibilities for the management of programme components and operations will rest with the area office.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Social policy development	620	250	870
Maternal and child well-being	470	2 125	2 595
Child development	810	1 500	2 310
Young people's health and development	375	625	1 000
Children in need of special protection	725	1 500	2 225
Cross-sectoral costs	380	1 500	1 880
Total	**3 380**	**7 500**	**10 880**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.